

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 581389

FILING DATE

6-2-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
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33		2				
34		2				
35		2				
36	1	1	1			
37		1		1		
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						